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|                                                                                                                                                     |  |                                                                                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2007</b> |  | <b>Complete if Known</b><br>Application Number 10/567,962-Conf. #2055<br>Filing Date February 10, 2006<br>First Named Inventor Ho Cheol KWON<br>Examiner Name R. O. Ramirez<br>Art Unit 3632<br>Attorney Docket No. 3449-0593PUS1 |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                      |  |                                                                                                                                                                                                                                   |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 850.00                                                                                                          |  |                                                                                                                                                                                                                                   |  |

|                                                                                                                                                                                                |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT</b> (check all that apply)                                                                                                                                                |                                                                                   |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |                                                                                   |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: Birch, Stewart, Kolasch & Birch,                                               |                                                                                   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                         |                                                                                   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                                                                                                                              | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                                                                         | <input checked="" type="checkbox"/> Credit any overpayments                       |

|                                                                                                                                                                                                                                                                                                                   |                    |                     |                                                         |                      |                         |                                      |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|---------------------------------------------------------|----------------------|-------------------------|--------------------------------------|------------------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                    |                     |                                                         |                      |                         |                                      |                              |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                    |                     |                                                         |                      |                         |                                      |                              |
|                                                                                                                                                                                                                                                                                                                   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                      | <b>EXAMINATION FEES</b> |                                      |                              |
|                                                                                                                                                                                                                                                                                                                   |                    | <u>Small Entity</u> |                                                         | <u>Small Entity</u>  |                         | <u>Small Entity</u>                  |                              |
| <b>Application Type</b>                                                                                                                                                                                                                                                                                           | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>                                         | <b>Fee (\$)</b>      | <b>Fee (\$)</b>         | <b>Fee (\$)</b>                      | <b>Fees Paid (\$)</b>        |
| Utility                                                                                                                                                                                                                                                                                                           | 300                | 150                 | 500                                                     | 250                  | 200                     | 100                                  |                              |
| Design                                                                                                                                                                                                                                                                                                            | 200                | 100                 | 100                                                     | 50                   | 130                     | 65                                   |                              |
| Plant                                                                                                                                                                                                                                                                                                             | 200                | 100                 | 300                                                     | 150                  | 160                     | 80                                   |                              |
| Reissue                                                                                                                                                                                                                                                                                                           | 300                | 150                 | 500                                                     | 250                  | 600                     | 300                                  |                              |
| Provisional                                                                                                                                                                                                                                                                                                       | 200                | 100                 | 0                                                       | 0                    | 0                       | 0                                    |                              |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |                    |                     |                                                         |                      |                         |                                      |                              |
| <b>Fee Description</b>                                                                                                                                                                                                                                                                                            |                    |                     |                                                         |                      |                         | <b>Fee (\$)</b>                      | <b>Small Entity Fee (\$)</b> |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                    |                     |                                                         |                      |                         | 50                                   | 25                           |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                    |                     |                                                         |                      |                         | 200                                  | 100                          |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                    |                     |                                                         |                      |                         | 360                                  | 180                          |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                               |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>                                         | <b>Fee Paid (\$)</b> |                         | <b>Multiple Dependent Claims</b>     |                              |
| 20                                                                                                                                                                                                                                                                                                                |                    | - 20 = 0            | x                                                       | =                    |                         | <b>Fee (\$)</b> <b>Fee Paid (\$)</b> |                              |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                 |                    |                     |                                                         |                      |                         |                                      |                              |
| <b>Indep. Claims</b>                                                                                                                                                                                                                                                                                              |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>                                         | <b>Fee Paid (\$)</b> |                         |                                      |                              |
| 5                                                                                                                                                                                                                                                                                                                 |                    | - 3 = 2             | x 200.00                                                | = 400.00             |                         |                                      |                              |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                            |                    |                     |                                                         |                      |                         |                                      |                              |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                    |                     |                                                         |                      |                         |                                      |                              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |                                                         |                      |                         |                                      |                              |
| <b>Total Sheets</b>                                                                                                                                                                                                                                                                                               |                    | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                      | <b>Fee (\$)</b>         | <b>Fee Paid (\$)</b>                 |                              |
| - 100 =                                                                                                                                                                                                                                                                                                           |                    | /50 =               | (round up to a whole number) x                          |                      | =                       |                                      |                              |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                    |                     |                                                         |                      |                         |                                      |                              |
| Non-English Specification,    Excess Claim Fee                                                                                                                                                                                                                                                                    |                    |                     |                                                         |                      |                         | <b>Fees Paid (\$)</b>                |                              |
|                                                                                                                                                                                                                                                                                                                   |                    |                     |                                                         |                      |                         | 400.00                               |                              |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month                                                                                                                                                                                                                              |                    |                     |                                                         |                      |                         | 450.00                               |                              |

|                     |                            |                                   |                    |
|---------------------|----------------------------|-----------------------------------|--------------------|
| <b>SUBMITTED BY</b> |                            |                                   |                    |
| Signature           | <i>James T. Eller, Jr.</i> | Registration No. (Attorney/Agent) | 39,538             |
| Name (Print/Type)   | James T. Eller, Jr.        | Telephone                         | (703) 205-8000     |
|                     |                            | Date                              | September 24, 2007 |